

Austin/Travis County
2018 Community Health Improvement Plan

Year 1 Action Plan
Chronic Disease

Year 1 Action Plan At-A-Glance

| Priority Area 2: Chronic Disease | |
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| Goal 2: Prevent and reduce the occurrence and severity of chronic disease through collaborative approaches to health that create environments that support, protect, and improve the well-being of all communities. | |
| Year 1 Objectives | Year 1 Strategies |
| Objective 2.1 Decrease the % of people who have risk factors leading to chronic disease by 10% by 2023. | 2.1.1 Offer regular, free Community Fitness and “Healthy Living” classes (i.e. fitness, nutrition, etc.) at convenient times and diverse locations to reach target communities. Ensure that programming is culturally and linguistically appropriate. |
| | 2.1.4 Engage worksites, schools, and early childhood education centers in developing comprehensive policies and programs that promote healthy nutrition, physical activity, tobacco free campus, and Mother Friendly worksites. |
| Objective 2.5 By 2023, increase by 5% the number of safe, accessible, equitable, and culturally competent assets and opportunities for healthy food and physical activity. | 2.5.3 Utilize community member input to improve existing data of assets and opportunities available for physical activity (e.g., urban gardens, community gardens, green space, trails, parks, etc.) and increase access and awareness of these sites. |
| | 2.5.7 Advocate for and support ongoing efforts (e.g. Vision Zero Action Plan) to develop and enhance safe, multimodal transportation options across the community, paying particular attention to efforts that increase healthy food access and opportunities for physical activity. Ensure that plans and development take into consideration issues of equity. |

Priority Area 2: Chronic Disease

With a focus on Primary and Secondary Prevention and the Built Environment

| Action Plan | | |
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| Priority Area 2: Chronic Disease | | |
| Goal 2: Prevent and reduce the occurrence and severity of chronic disease through collaborative approaches to health that create environments that support, protect, and improve the well-being of all communities. | | |
| Objective 2.1: Decrease the % of people who have risk factors leading to chronic disease by 10% by 2023. [Primary Prevention] | | |
| Long-Term Indicators | Source | Frequency |
| • Obesity or overweight rate | BRFSS | |
| • Tobacco use prevalence | BRFSS | |
| • % of people who meet nutrition and physical activity goals/recommendations | BRFSS | |
| Potential Partners for this Objective | | |
| <ul style="list-style-type: none"> • Alliance for African American Health in Central Texas • Aging Services Council • Area Agency on Aging • Aunt Bertha • Austin Community College • Austin Public Health • Austin Transportation Dept. • Central Health, Health Policy Board • Central Texas Food Bank • Children in Nature Collaborative of Austin (PARD) • Choose Healthier • City of Austin Parks and Rec • Community Coalition for Health • Common Threads | <ul style="list-style-type: none"> • Integral Care • OLE! (Outdoor Learning Environments) Texas - DSHS • St. David's Foundation, • Sustainable Food Center • Texas Children in Nature • Texas DSHS Worksite Wellness Program • Texas Business Group on Health • Texas Rising Star Program • Travis County HHS • United Way • UT Dell Med • UT School of Public Health • YMCA • Youth Mapping Services | |

| Action Plan | | | | | | | | | | | | | |
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| Priority Area 2: Chronic Disease | | | | | | | | | | | | | |
| Strategy 2.1.1: Offer regular, free Community Fitness and “Healthy Living” classes (i.e. fitness, nutrition, etc.) at convenient times and diverse locations to reach target communities. Ensure that programming is culturally and linguistically appropriate. (See also Objective 1.1 and Strategy 4.1.2) [Note: Healthy Food Access is being addressed by the Food Policy Board workgroup] | | | | | | | | | | | | | |
| Action Steps | Lead Person/Organization | Time Line | | | | | | | | | | | |
| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
| a. Define inventory criteria including target population/geographic area, cultural and linguistic characteristics. Conduct an inventory of existing classes and programs available. Map resources available. | Joel (It’s Time Texas) Dr. Andrew Springer (DMS): may identify additional grad student | | X | | | | | | | | | | |
| b. Identify gaps in programming, locations and times including cultural and linguistic characteristics. | | | | | | | | X | | | | | |
| c. Identify organizations to fill gaps in programming and assess feasibility of expansion. | | | | | | | | | | | | X | |
| Resources Available/Needed for this Strategy | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • 211 • 500 Cities • Access to remote participant technology (Skype) • Alzheimer’s Association: classes • Bertha • COA PARD • CPBI: Call for Ideas, Dell Medical School • Critical Health Indicators Report • Cultural Centers • Food Access workgroup • Foundation Communities • HACA • National and Hispanic Medical Association • Physical meeting space • Students to help with inventory efforts (UT SPH?) • Technology needs (database, etc.) • YMCA • Youth Services Mapping | | | | | | | | | | | | | |

| Action Plan Priority Area 2: Chronic Disease | | | | | | | | | | | | |
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| Tracking and Monitoring for this Strategy What will success look like? What are the milestones? How will you track and monitor progress? | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Inventory criteria list established • Inventory conducted • Mapping completed • Gaps identified • # of Programs identified that are able to address gaps • Classes and programs are offered and are culturally and linguistically appropriate | | | | | | | | | | | | |
| Strategy 2.1.4: Engage worksites, schools, and early childhood education centers in developing comprehensive policies and programs that promote healthy nutrition, physical activity, tobacco free campus, and Mother Friendly worksites. [Year 1 focus on worksites; Year 2 inclusion of schools (Consider all Travis County ISDs) and early childhood education centers] | | | | | | | | | | | | |
| Action Steps | Lead Person/Organization | Time Line | | | | | | | | | | |
| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan |
| a. Explore collaborations to offer support to Mayor’s Health and Fitness Council (additional engagement: follow on Twitter; engage w/webpage) | Stephanie Helfman (APH) Torch Bearer: MHFC | | X | | | X | | | X | | | X |
| b. Engage with ongoing worksite wellness initiatives currently occurring in Austin/Travis County. | Marianna Espinoza (DMS) Torch Bearer: DSHS; Moody School of Communications | | X | | | | | | | | | |
| c. <i>Year 2:</i> Explore opportunities for sharing best practices to participating worksites, childcare centers, or schools. | | | | | | | | | | | | |
| d. <i>Year 2:</i> Provide technical assistance to develop policies as needed. | | | | | | | | | | | | |

| Action Plan Priority Area 2: Chronic Disease | |
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| Resources Available/Needed for this Strategy | |
| <ul style="list-style-type: none"> • APH Maternal Child Health GIS map • Austin Business Group on Health • Austin Transportation • CACFP • Central Health/Health Equity Policy Council • Chambers of Commerce • Coordinated Approach to Child Health (CATCH) program • KinderCare, Goddard School • Mayor’s Health and Fitness Council • NAPSACC approach • School Health Advisory Councils (SHAC) • United Way • Workforce Solutions | |
| Tracking and Monitoring for this Strategy | |
| What will success look like? What are the milestones? How will you track and monitor progress? | |
| <ul style="list-style-type: none"> • Tobacco-free policy • Healthy vending • NAPSACC policy assessment (for childcare providers) • Other nutrition and physical activity policies | |

| Action Plan | | | | | | | | | | | | | |
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| Priority Area 2: Chronic Disease | | | | | | | | | | | | | |
| Objective 2.5: By 2023, increase by 5% the number of safe, accessible, equitable, and culturally competent assets and opportunities for healthy food and physical activity. [Built Environment/Note: Healthy Food Access is being addressed by the Food Policy Board workgroup] | | | | | | | | | | | | | |
| Long-Term Indicators | | | | Source | | | | Frequency | | | | | |
| <ul style="list-style-type: none"> Percent of adults that consume 5 or more fruit or vegetables per day | | | | BRFSS | | | | | | | | | |
| Potential Partners for this Objective | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Austin Transportation, Austin Public Health, Economic Development Department | | | | | | | | | | | | | |
| Strategy 2.5.3: Utilize community member input to improve existing data of assets and opportunities available for physical activity (e.g., urban gardens, community gardens, green space, trails, parks, etc.) and increase access and awareness of these sites. | | | | | | | | | | | | | |
| Action Steps | Lead Person/Organization | Time Line | | | | | | | | | | | |
| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
| a. Collaborate with PARD to create map overlay to identify access points and barriers (See 2.1.1). [Consider community input to supplement existing data for a better understanding of lived experiences] | Marianna Espinoza (DMS) <u>Potential Lead:</u> Meredith (COA PARD) | | X | | | | | | | | | | |
| b. Identify specific target populations/geographic focus for implementation. | ALL: Eastern Crescent | | X | | | | | | | | | | |
| c. Identify access barriers to physical activity opportunities, especially transportation barriers [Consider community input in identifying barriers] | <u>Potential Lead(s):</u> Austin Transportation, CapMetro | | | | | | | X | | | | | |
| d. Encourage improvements to the build environment to promote physical activity and seek to reduce barriers (ex: active transit opportunities, sidewalk and bike lane infrastructure, urban trails) [Consider community input regarding solutions to addressing barriers] | <u>Potential Lead(s):</u> Austin Transportation, CapMetro | | | | | | | | | | | X | |
| e. Promote physical activity and support programs use of assets (Smart Trips, Walk Texas, etc.) and sharing of data. | <u>Potential Lead(s):</u> It's Time Texas, Austin Transportation, APH | | | | | | | | | | | | |

Action Plan
Priority Area 2: Chronic Disease

Resources Available/Needed for this Strategy

- Austin Public Works Department
- Call for Ideas – Dell Medical School (community input)
- COA Parks & Recreation Department
- COA Planning and Zoning Department: Active transportation facilities
- Feeding Texas
- Go Austin
- Healthy Food Access working group of the Food Policy Board
- Neighborhood Associations
- Stronger Austin: It’s Time Texas

Tracking and Monitoring for this Strategy

What will success look like? What are the milestones? How will you track and monitor progress?

- Attendance at events, classes or physical opportunities by the target population
- Compiling community member input with initiatives to increase access
- See City of Austin Citizen Survey

Strategy 2.5.7: Advocate for and support ongoing efforts (e.g. Vision Zero Action Plan) to develop and enhance safe, multimodal transportation options across the community, paying particular attention to efforts that increase healthy food access and opportunities for physical activity. Ensure that plans and development take into consideration issues of equity.

| Action Steps | Lead Person/Organization | Time Line | | | | | | | | | | | |
|---|--|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
| a. Include public health stakeholders (CHA/CHIP) in ATD outreach efforts. | Potential Lead(s): Austin Transportation To contact: Lewis Leff (Vision Zero Action) | | | | | | | | | | | | |
| b. Participate in equity assessment tool development and usage. | Austin Transportation | X | | | X | | | X | | | | X | |

Resources Available/Needed for this Strategy

- Call for Ideas – Dell Medical School (community input)

Tracking and Monitoring for this Strategy

What will success look like? What are the milestones? How will you track and monitor progress?

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